## United States Bankruptcy Court

## **District of Kansas**

| In re                                 | ,                                | Case No   |
|---------------------------------------|----------------------------------|---|
|                                       | Debtor                           |   |
| v.                                    | Plaintiff ,                      | Chapter   |
|                                       | Defendant                        | Adversary Proceeding No   |
| VOII ADE CIN                          |                                  | ERSARY PROCEEDING   |
| attached to this s<br>ssuance of this | summons with the clerk of the    | a motion or answer to the complaint which is bankruptcy court within 30 days after the date of ed States and its offices and agencies shall file a ays. |
| A                                     | ddress of the Clerk              |   |
| At the come tim                       | o von must also somvo a conve    | f the metion on anaryon ymon the plaintiff's  |
| attorney.                             | e, you must also serve a copy of | of the motion or answer upon the plaintiff's  |
| N                                     | ame and Address of Plaintiff     | 's Attorney   |
| If you make a m                       | notion, your time to answer is g | overned by Fed. R. Bankr. P.7012.   |
| DEEMED TO I<br>BANKRUPTCY             | BE YOUR CONSENT TO EN            | MMONS, YOUR FAILURE WILL BE<br>TRY OF A JUDGMENT BY THE<br>BY DEFAULT MAY BE TAKEN AGAINST<br>THE COMPLAINT.  |
|                                       |                                  | Clerk of the Bankruptcy Court   |
|                                       |                                  | By:   |
| Date                                  |                                  | Deputy Clerk  |

## **CERTIFICATE OF SERVICE**

| I, _                   |   |  | , cer                               | tify that I am, and at  | all times during  |
|------------------------|---|--|-------------------------------------|---|-------------------|
| the service which serv | (Name of process was no vice of process was | )<br>ot less than 18<br>s made. I furt | years of age ar<br>her certify that | nd not a party to the n<br>the service of this sur<br>by:<br>(date) | natter concerning |
| Ma<br>to:              | il Service: regular                         | , first class Ur                       | nited States mai                    | il, postage fully pre-pa  | aid, addressed    |
| Per<br>defendant       | •   | leaving the pi                         | rocess with defe                    | endant or with an offi  | cer or agent or   |
| Res                    | sidence Service: B                          | y leaving the                          | process with th                     | e following adult at:   |                   |
|                        | rtified Mail Service<br>ail addressed to th |  |                                     | nstitution: BY sending  | g the process by  |
| Pub                    | olication: The defe                         | ndant was ser                          | ved as follows:                     | [Describe briefly]  |                   |
| foll                   | ows: [Describe br                           | iefly]                                 |                                     | the laws of the State of  |                   |
| l                      | Inder the penalty of                        | of Perjury, I d                        | eclare that the f                   | foregoing is true and o   | correct.          |
| Date                   |   |  |                                     | Signature   |                   |
|                        | Print Name                                  |  |                                     |   |                   |
|                        | Business Add                                | ress                                   |                                     |   |                   |
|                        | City  |  | State                               | Zip   |                   |